

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/26/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185257</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/24/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVINGCENTER-GREEN HILL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>213 INDUSTRIAL ROAD</b> <b>GREENSBURG, KY 42743</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 221 SS=D	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility restraint policy it was determined the facility failed to ensure one (1) of three (3) residents (Resident #1) was free from physical restraints imposed for convenience and not required to treat a medical symptom. On 01/26/15, a facility staff member physically restrained Resident #1 with a gait belt to prevent the resident from getting up unassisted from a wheelchair. There was no evidence the restraint was assessed, care planned, or ordered by a physician to be utilized for the resident.</p> <p>The findings include:</p> <p>A review of the facility restraint policy titled "Restraint Evaluation and Utilization Guideline," dated 01/19/15, revealed a restraint would not be applied for purposes of discipline or convenience or when not required to treat the resident's medical symptoms. The policy defined a restraint as any manual method or physical or mechanical</p>	F 221		2/25/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/18/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 221	<p>Continued From page 1</p> <p>device, material, or equipment attached to or adjacent to the resident's body that the individual cannot remove and that restricts freedom, movement, or normal access to one's own body.</p> <p>A review of the closed medical record for Resident #1 revealed the facility admitted the resident on 01/24/15 with diagnoses that included Altered Mental Status, Anxiety, Seizures, Dementia, Psychosis, and Cerebrovascular Disease. Additional review of the record revealed a comprehensive Minimum Data Set (MDS) Assessment dated 01/31/15. According to the resident's assessment and care plan the resident did not require the use of a physical restraint.</p> <p>An interview conducted with State Registered Nurse Aide (SRNA) #1 on 02/24/15 at 2:25 PM revealed Resident #1 was combative and attempting to get out of the wheelchair unassisted during the evening meal on 01/26/15. SRNA #1 stated he placed a gait belt around the resident's upper chest and the back of the wheelchair to restrain the resident and prevent Resident #1 from getting up from the wheelchair. The SRNA stated he made the decision to restrain the resident on his own and did not consult Resident #1's nurse. According to the SRNA, he removed the belt after approximately 15 minutes.</p> <p>Interview conducted with Licensed Practical Nurse (LPN) #1 on 02/24/15 at 1:35 PM, revealed the LPN was assigned to care for Resident #1 on 01/26/15 and did not see a gait belt applied to the resident as a restraint. In addition, the LPN stated Resident #1 did not have physician's orders for a restraint or a care plan in place for the use of a physical restraint.</p>	F 221			

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F 221	<p>Continued From page 2</p> <p>An interview with Registered Nurse (RN) #1 was conducted on 02/24/15 at 2:35 PM. RN #1 stated she was the facility Charge Nurse on 01/26/15, and was not aware SRNA #1 applied a restraint to Resident #1. RN #1 further stated she was unaware of concerns regarding Resident #1 being combative or attempting to get up unassisted. RN #1 stated the device should not have been applied to the resident unless a physician order was obtained and the resident had a care plan developed for the use of a restraint.</p> <p>An interview conducted with the Director of Nursing (DON) on 02/24/15 at 2:50 PM, revealed the DON was made aware of the incident on 01/27/15. The DON stated SRNA #1 was suspended from employment, the required state agencies were notified, and an investigation was conducted. The DON revealed the facility investigation determined SRNA #1 failed to follow facility procedures related to fall prevention.</p>	F 221			